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PATENT  
Attorney Docket No. SSI-011 (7703/14)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

APPLICANT(S): Wilkie et al.

SERIAL NO.: 09/747,293 GROUP NO.: 1653

FILING DATE: December 22, 2000 EXAMINER: R. Teller

TITLE: Methods and Composition for Sealing Tissue Leaks

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 10th day of December, 2002.

  
\_\_\_\_\_  
Patrick R.H. Waller

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Response to Restriction Requirement (2 pages);
3. Fee Transmittal (1 page);
4. Copy of Fee Transmittal (1 page);
5. Petition for 2 month Extension of Time (1 page);
6. Copy of Petition for 2 month Extension of Time (1 page); and
7. a return receipt postcard

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# TRANSMITTAL FORM

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2002

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600/2900

Application Serial Number	09/747,293
Filing Date	12/22/00
First Named Inventor	Wilkie
Group Art Unit	1653
Examiner Name	R. Teller
Attorney Docket No.	SSI-011
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time (and 1 copy of Petition)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,

Patrick R.H. Waller  
 Attorney for Applicant(s)  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110



DEC 16 2002

**EE TRANSMITTAL  
FY 2002**
*Complete if Known*

Application Serial Number	09/747,293
Filing Date	12/22/00
First Named Inventor	Wilkie
Group Art Unit	1653
Examiner Name	R. Teller
Attorney Docket No.	SSI-011

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TECH CENTER 1600/2900

**METHOD OF PAYMENT**

1.  Payment Enclosed:  
 Check  Money Order  Other

2.  The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
 Required Fees (copy of this sheet enclosed).  
 Additional fee required under 37 CFR 1.16 and 1.17.  
 Overpayment Credit.  
3.  Applicant claims small entity status.

**FEE CALCULATION****1. FILING FEE****Large Entity**

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	
Independent Claims	- 3 =		x \$ 84.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =	

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

**2. AMENDMENT CLAIM FEES**

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	- =		x \$ 18.00 =	
Indep.	- =		x \$ 84.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	

SUBTOTAL (3) (\$ 200.00)

SUBTOTAL (1) 00.00

SUBTOTAL (2) 00.00

SUBTOTAL (3) 200.00

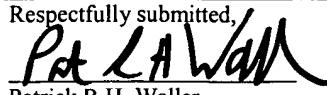
TOTAL (\$ 200.00)

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Respectfully submitted,  


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